



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: LAFAYETTE REGIONAL REHABILITATION HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Mary Pitcock

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Medicare Provider Number: 153042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$18951895
Outpatient Patient Service Revenue	\$1176970
Total Gross Patient Service Revenue	\$20128865

2. Deductions From Revenue

Contractual Allowance	\$5776145
Other Deductions	\$0
Total Deductions	\$5776145

3. Total Operating Revenue

Net Patient Service Revenue	\$14352720
Other Operating Revenue	\$449343
Total Operating Revenue	\$14802063

4. Operating Expenses

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Salaries and Wages	\$6533470	Employee Benefits	\$752552
Depreciation and Amortization	\$251599	Interest Expense	\$29721
Bad Debt	\$-152719	Other Expenses	\$6366943
Total Operating Expenses	\$13781566		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1020497	Total Assets	\$156908022
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$155887525
Total Net Gains	\$1020497		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$14363908	\$2969930	\$11393978
Medicaid	\$2228566	\$1189402	\$1039164
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$3536391	\$1676775	\$1859616
Total	\$20128865	\$5836107	\$14292758

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		

Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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